

BEST AVAILABLE

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 29/608022		FILING DATE 6.30.00		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51			
2								52			
3								53			
4								54			
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43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	6							TOTAL IND.			
TOTAL DEP.	106							TOTAL DEP.			
TOTAL CLAIMS	112							TOTAL CLAIMS			